FORM D



02062032

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APF	PROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated aver-	age burden
hours per respo	-

SEC USE ONLY						
Prefix	Serial					
DATE RECEIVED						
1	1					

Name of Offering (check if this is an amendment and name has changed, and indicate change.)					
COMMON SERIES B					
Filing Under (Check box(es) that apply): Rule 504 X Rule 505 Rule 506 Section 4(6)	V ULOE				
Type of Filing: X New Filing Amendment	RECEIVED				
A. BASIC IDENTIFICATION DATA					
Enter the information requested about the issuer	(QUY 3 5 2002 //				
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)					
FIVE STAR BRANDS, INC.					
FIVE STAK BRANDS, INC.	180				
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)				
P.O. BOX 844, DANA POINT, CALIFORNIA 92629	(949) 240-9184				
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)				
(if different from Executive Offices)	triophone framour (morading facts code)				
29 EMERALD GLEN, LAGUNA NIGUEL, CALIFORNIA 92677	(949) 240-9184				
Brief Description of Business					
2-1-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2					
MANUFACTURING OF FOOD BARS	PROCESSED				
	LI IOOFOGT				
Type of Business Organization	0.4 0009				
X corporation limited partnership, already formed other (p	lease specify): NOV 0 4 2002				
business trust limited partnership, to be formed	\mathcal{D}				
L V. J. V.	THOMSON				
Month Year					
Actual or Estimated Date of Incorporation or Organization:					
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:					
CN for Canada; FN for other foreign jurisdiction)	CLA				

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
• Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issue
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
• Each general and managing partner of partnership issuers.
Check Box(es) that Apply: X Promoter Beneficial Owner X Executive Officer Director General and/or
DANIEL, WARREN J. Managing Partner
Full Name (Last name first, if individual)
29 EMERALD GLEN, LAGUNA NIGUEL, CALIFORNIA 92677
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter X Beneficial Owner X Executive Officer X Director General and/or
BAUER, WARREN L.
Full Name (Last name first, if individual)
88 EMERALD BAY, LAGUNA BEACH, CALIFORNIA 92651 Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer X Director General and/or
QI, MING Managing Partner
Full Name (Last name first, if individual)
19 ROSEVILLE, IRVINE, CALIFORNIA 92602
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer X Director General and/or Managing Partner
CHAN, KAI MING Full Name (Last name first, if individual)
ROOM A, FIRST FLOOR, 111 PAK TAI STREET, KOWLOON, HONG KONG
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer Director General and/or
WARREN J. DANIEL, TRUSTEE OF THE WARREN DANIEL SEPARATE TRUST Managing Partner
Full Name (Last name first, if individual)
29 EMERALD GLEN, LAGUNA NIGUEL, CALIFORNIA 92677
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
MING QI AND PING DAI
Full Name (Last name first, if individual)
19 ROSEVILLE, IRVINE, CALIFORNIA 92602
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

200					B.	INFORMA	TION ABO	UT OFFEI	RING				
1.	Has the	issuer sol	d, or does t	the issuer	intend to s	sell, to non-	-accredited	linvestors	in this offe	ering?	•••••	Yes	No (X)
	Answer also in Appendix, Column 2, if filing under ULOE.												
2.	2. What is the minimum investment that will be accepted from any individual?							\$ <u>.5(</u>	0,000				
3.	. Does the offering permit joint ownership of a single unit?							Yes … √∑	No				
4.	· · · · · · · · · · · · · · · · · · ·												
	Full Name (Last name first, if individual) DANIEL, WARREN J.												
Bus 29	iness or EMER	Residence ALD GL	Address (N EN, LAG	Number an UNA NI	d Street, C GUEL, (City, State, CALIFOR	Zip Code) NIA 92	677					
Nan	ne of Ass	sociated B	roker or De	aler			,						
Stat	es in Wh	ich Persor	Listed Ha	s Solicited	or Intend	s to Solicit	Purchaser	s	<u> </u>		A1-74/4		· · · · · · · · · · · · · · · · · · ·
	(Check	"All State	s" or check	individua	l States)	•••••	•••••					🗌 А	ll States
	AL IL MT RI	AK IN NE SC	AZ [A] NV SD	KS NH	XXXX KY NJ	LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA
Full	Name (I	ast name	first, if indi	ividual)				-					
Busi	iness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Nam	ne of Ass	ociated Br	oker or De	aler									
State	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)	•••••					• • • • • • • • • • • • • • • • • • • •	. All	States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Full	Name (I	ast name	first, if indi	vidual)									
Busi	ness or	Residence	Address (N	lumber an	d Street, C	ity, State, 2	Zip Code)						
Nam	e of Ass	ociated Br	oker or Dea	ıler					<u> </u>				
<u></u>		' 1 B		0.11.1.1	T	0 - 11 - 24 1)h.						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)													
j	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount alrea sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, che this box \(\) and indicate in the columns below the amounts of the securities offered for exchange a already exchanged.	ck	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$_N/A_	_ \$ N/A
	Equity		\$ 675,000
	Common Preferred		
	Convertible Securities (including warrants)	\$ N/A	s N/A
	Partnership Interests	37 / 4	s N/A
	Other (Specify)		s N/A
	Total		675,000
	Answer also in Appendix, Column 3, if filing under ULOE.	v	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in the offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	te	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	9	\$ 675,000
	Non-accredited Investors	NONE	ş 0
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	ne	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	COMMON	\$ 600,000
	Regulation A		, 0
	Rule 504	MONTE	\$ <u> </u>
	Total	NONE	s 600,000
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insure The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	e r.	J
	Transfer Agent's Fees		s 0.00
	Printing and Engraving Costs	<u>X</u>	\$ 1,000
	Legal Fees		\$6,200.00
	Accounting Fees	-	_{\$} 1,000.00
	Engineering Fees		\$0.00
	Sales Commissions (specify finders' fees separately)		\$ 0.00
	Other Expenses (identify) FINDER'S FEES		\$2,500.00
	Total		\$7,450.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O	FPROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted groproceeds to the issuer."	oss	s 742,550
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used feach of the purposes shown. If the amount for any purpose is not known, furnish an estimate at check the box to the left of the estimate. The total of the payments listed must equal the adjusted groproceeds to the issuer set forth in response to Part C — Question 4.b above.	nd	
		Payments to	
	.=	Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	. 🔲 \$	_ 🗆 § 120,000
	Purchase of real estate	. 🔲 \$	s_N/A_
	Purchase, rental or leasing and installation of machinery		
	and equipment		
	Construction or leasing of plant buildings and facilities	. 🔲 \$	\$N/A
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	ПS	□\$ N/A
	Repayment of indebtedness		□s N/A
	Working capital		
	Other (specify):		
		\$	\$
	Column Totals	\$	\$ <u></u>
	Total Payments Listed (column totals added)		42,550
Y	D. FEDERAL SIGNATURE		
sigr	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commistinformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of 1	sion, upon writter	e 505, the following a request of its staff,
	ver (Print or Type) VE STAR BRANDS, INC. Signature	Date SEPTEMBER	30, 2002
Nar	ne of Signer (Print or Type) Title of Signer (Print or Type)		***************************************
WA	RREN J. DANIEL CHIEF EXECUTIVE OFFICER	•	
		·	

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)